

**South Carolina Department of Social Services
Child Care Regulatory Services**

Original or Continuing Registration Study for a Facility Operated by a Religious Body or Group

Name of Facility:	County:
Physical Address (Street, City, State, Zip Code):	Telephone:
Mailing Address if Different from Physical Location (Street, City, State, Zip Code):	Hours of Operation:
Name of Facility Director:	

This is to certify that the above-named facility is owned and operated by the following church or publicly recognized religious educational or religious charitable institution:

Name of Organization:		
Address (Street, City, State, Zip Code):	Telephone:	
Official Signature:	Official Title:	Date:

The following information shall be prepared prior to the DSS visit for the original or continuing registration study:

- A. An approval letter from the local zoning board (for new facilities only)
- B. Requests for sanitation (DSS Form 2905) and fire inspections (DSS Form 2941)
- C. Completed and signed original application (DSS Form 2902)
- D. Completed list of staff (DSS Form 2946)
- E. Completed list of children (DSS Form 2945)
- F. Completed Central Registry Checks on all staff (DSS Form 2924)
- G. State fingerprint results for all current staff
- H. Copies of current certificates for basic first aid and child/infant cardiopulmonary resuscitation for caregivers (At least one certified caregiver must be on the premises at all times while facility is in operation.)
- I. Sample of weekly menu, including snacks and beverages
- J. Training records for director and caregivers on file (For renewals only)

As director/operator, in accordance with the provisions of Sections 20-7-2900 through 20-7-2975, Code of Laws of South Carolina, I will comply with all of the requirements applicable to religious bodies or groups including floor space, staff:child ratios and staff training.

Director's Signature